Image# 15951466787 PAGE 1 / 25

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office U	lse Only	
	ME OF MMITTEE (in 1		PE OR P	RINT ▼		mple: If typi r the lines.	ng, type	12FE4	1M5		
Ame	rican Acad	emy of O	phthalr	mology I	nc Politica	I Commit	tee (OPH	THPA	C)		I
ADDRES	SS (number and	street)	655 Beac	h Street							
П	Check if diffe										
	than previous reported. (AC		San Fran	cisco				CA	9410	9	
2. FE (C IDENTIFICA	TION NUM	BER ▼		CITY 🛦		S	STATE A		ZIP COI	DE 🛦
С	C00196246				3. IS THIS REPORT		NEW (N) OR		AMENDED (A)		
	PE OF REP	ORT	(b) Mont	ort	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a)	Quarterly Rep	orts:	Due	On:	Mar 20 (M3)	×	Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
		Report (Q1)	(c)	12-Day		Primary (12F	P)	Gen	eral (12G)		Runoff (12R)
L	July 15 Quarterly	Report (Q2)	PRE-Election Report for the: Convention (12C) Special (12S)					cial (12S)			
	October Quarterly	15 Report (Q3)					(1-0)		(120)		
	January 3			E	Election on	M M /	D D /	Y Y Y Y	Y	in the State of	
[July 31 M Report (N Year Only	lon-election	(d)	30-Day POST-Elect		General (300	G)	Run	off (30R)		Special (30S)
	Terminati (TER)	on Report		Report for t	ne.	M - M /	D D /	Y Y Y	Y	in the	
	(1211)			E	Election on					State of	
5. Cov	vering Period	M M M	01		015	through	M M M	/ 31)15	
I certify	that I have ex	amined this I	Report ar	nd to the be	est of my kno	wledge and	belief it is true	e, correc	t and comple	ete.	
-	Print Name of		Jill Boyet								
								п	M M / D	D /	Y Y Y Y
Signatur	e of Treasurer	Jill Boye	tt			[Electronicall	y Filed] Da	ate	061	<u> </u>	2015
NOTE: S	Submission of fa	ılse, erroneou	s, or inco	mplete infor	mation may su	bject the per	son signing th	is Report	to the penalt	ies of 2 L	J.S.C. §437g.
	Office Use									FOR Rev. 12/20	
	Only									nev. 12/20	JU4

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

05 2015 Report Covering the Period: 2015 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 209321.69 January 1, 2015 (b) Cash on Hand at 298056.36 Beginning of Reporting Period..... 263341.95 16981.11 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 315037.47 472663.64 6(a) and 6(c) for Column B)..... 22738.59 180364.76 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 292298.88 292298.88 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Contributions (other than loans) From:	iotai iilis Feliou	Galeliuai Teal-lu-Dale			
(a) Individuals/Persons Other					
Than Political Committees					
(i) Itemized (use Schedule A)	13013.33	219944.60			
(1) 1101111200 (000 0011000010 1 1)1111111111		4			
(ii) Unitemized	3967.78	43397.35			
(iii) TOTAL (add					
Lines 11(a)(i) and (ii)▶	16981.11	263341.95			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees					
(such as PACs)	0.00	0.00			
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry					
Totals to Line 33, page 5)	16981.11	263341.95			
2. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
3. All Loans Received	0.00	0.00			
Loan Repayments Received	0.00	0.00			
5. Offsets To Operating Expenditures		7			
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
6. Refunds of Contributions Made					
to Federal Candidates and Other					
Political Committees	0.00	0.00			
7. Other Federal Receipts					
(Dividends, Interest, etc.)	0.00	0.00			
3. Transfers from Non-Federal and Levin Funds					
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
=					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	16981.11	263341.95			
). Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	16981.11	263341.95			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calchaal Teal-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	7				
Expenditures	76.09	337.26			
(c) Total Operating Expenditures	70.00	227.00			
(add 21(a)(i), (a)(ii), and (b))▶ . Transfers to Affiliated/Other Party	76.09	337.26			
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	22500.00	179500.00			
Independent Expenditures	0.00	0.00			
(use Schedule E) Coordinated Party Expenditures	3.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	162.50	527.50			
# N = # H + E + E + E + H + H + H + H + H + H +	0.00	0.00			
(b) Political Party Committees(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	162.50	527.50			
(add Lines 20(a), (b), and (c))					
Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely					
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22738.59	180364.76			
Total Federal Disbursements	, , , , , , , , , , , , , , , , , , , ,				
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	22738.59	180364.76			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	16981.11	263341.95		
4. Total Contribution Refunds (from Line 28(d))	162.50	527.50		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16818.61	262814.45		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	76.09	337.26		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	76.09	337.26		

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	FOR LINE NUMBER:				PAGE	-	6	OF	25
(check only one)									
X	11a		11b		11c		12	!	
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	ig the name and address of any political committee	
,	halmology Inc Political Committee (0	OPHTHPAC)
Full Name (Last, First, Middle Initial) David Aizuss		Date of Receipt
Mailing Address 16311 Ventura Blvd Ste	750	05 04 2015
City	State Zip Code	Transaction ID : DC7BC684-4BC4-4A6C-I
Encino	CA 91436-4325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	_
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Aaron Appiah	'	Date of Receipt
Mailing Address 2280 Wednesday St		M = M / D = D / Y = Y = Y
City	State Zip Code	05 04 2015
Tallahassee	FL 32308-4387	Transaction ID: 39D9323F-9ABA-4A74-9 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Neceipt this Feriod
federal political committee.	C	365.00
Name of Employer	Occupation	
Self	Ophthalmologist	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)		
Joe Arterberry	140	Date of Receipt
Mailing Address 224 E Broadway, Suite 1	110	05 14 _ 2015 _
City	State Zip Code	Transaction ID : DFFD431D-AE4A-4793-8
Louisville	KY 40202-2016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	\dashv
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	208.35	
SUBTOTAL of Receipts This Page (options	al)	1406.67
TOTAL This Period (last page this line nur	nber only)	

	FOR LINE NU	JMBER:	PAGE	- /	OF
Use separate schedule(s)	(check only or	ne)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	2
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	and Statements may not be sold or used by any per- g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Ophtl	halmology Inc Political Committee (C	PHTHPAC)
Full Name (Last, First, Middle Initial) 1. Donald Cinotti		Date of Receipt
Mailing Address 600 Pavonia Ave Ste 6		05 14 _ 2015 _
City	State Zip Code	Transaction ID : 606D63F8-A50A-45C7-B
Jersey City	NJ 07306-2932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer	Occupation	†
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2083.35	
Full Name (Last, First, Middle Initial) James Croley III		Date of Receipt
Mailing Address 613 Del Prado Blvd		05 14 2015
City	State Zip Code	05
Cape Coral	FL 33990	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	41.67
Name of Employer	Occupation	7
Self	Ophthalmologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	202.07	
Other (specify) ▼	333.37	
Full Name (Last, First, Middle Initial) C. James Finegan		Date of Receipt
Mailing Address 236 Roseberry St		05 14 2015
City	State Zip Code	Transaction ID : 558E8BF8-9E2E-4391-9
Phillipsburg	NJ 08865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.37
Name of Employer	Occupation	†
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	750.01	
SUBTOTAL of Receipts This Page (options	al)	541.71
	nber only)	
TOTAL THIS I CHOU (last page this line hur	11001 Offig)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE		8	OF		25	
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	13		14		15		16	,		17

	te name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Ophthal	mology Inc Political Committee (O	PHTHPAC)
Full Name (Last, First, Middle Initial) Kevin Thomas Flaherty		Date of Receipt
Mailing Address 800 1st St		05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29D7C31B-B702-4A4B-A
Wausau	WI 54403-4754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) 3. Sidney Gicheru		Date of Receipt
Mailing Address 440 W Lbj Fwy Ste 300		M = M / D = D / Y = Y = Y
City	State Zip Code	05 14 2015
City Irving	TX 75063-3841	Transaction ID : C5E70B96-D8DC-4ED3-B
	. 5555 55 11	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1041.69	
Full Name (Last, First, Middle Initial) Michael Gilbert	1	Date of Receipt
Mailing Address 12301 NE 10th PI Ste 200		05 14 2015
City	State Zip Code	Transaction ID : 5E00352C-6050-4C96-8
Bellevue	WA 98005-2487	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	416.69	
SUBTOTAL of Receipts This Page (optional)	•	341.66
TOTAL This Period (last page this line number	· only)	

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Christopher Girkin Date of Receipt Mailing Address 27 Ridge Dr 2015 City Zip Code State Transaction ID: A694EF17-4F78-41A6-8 Birmingham AL 35213-3633 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Gualtieri Date of Receipt Mailing Address 3969 4th Ave Ste 300 05 2015 14 City State Zip Code Transaction ID: 3A3E43C6-8D51-4E62-8 CA San Diego 92103-3165 Amount of Each Receipt this Period FEC ID number of contributing 30.38 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 517.06 Other (specify) Full Name (Last, First, Middle Initial) c. Curtis Hagedorn Date of Receipt Mailing Address 4560 montview blvd 05 02 2015 City Zip Code State Transaction ID: 1C92672D-817A-4C99-B CO Denver 80207 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1530.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 25 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Jean Hausheer Date of Receipt Mailing Address 29 NW Burr Oak Dr 2015 City Zip Code State Transaction ID: E9925CFC-5BE1-4B00-B OK Lawton 73507-8923 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 708.35 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Higgins Date of Receipt Mailing Address 3412 W Centre Ave 14 05 2015 City State Zip Code Transaction ID: E4AEE5A4-82E2-49CA-B MI Portage 49024-4624 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Henry Kaplan Date of Receipt Mailing Address 301 E Muhammad Ali Blvd 14 2015 City Zip Code State Transaction ID: 52D54160-B9FC-47F0-8 KY Louisville 40202-1511 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any personal part of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalr	mology Inc Political Committee (Ol	PHTHPAC)
Full Name (Last, First, Middle Initial) Henry Kaplan Mailing Address 301 E Muhammad Ali Blvd		Date of Receipt
City	State Zip Code	05 14 2015 Transaction ID : DB70589D-9B90-4888-8
Louisville	KY 40202-1511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	
Full Name (Last, First, Middle Initial) Kenneth Kato Mailing Address 2000 Flairaharana Rd		Date of Receipt
Mailing Address 2020 Fleischmann Rd		05 142015
City	State Zip Code	Transaction ID : DDDB8E44-BBD6-4923-A
Tallahassee	FL 32308-4599	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1208.35	
Full Name (Last, First, Middle Initial) D. Judith Kirby		Date of Receipt
Mailing Address 4209 Bordeaux Ave		05 14 2015
City	State Zip Code	Transaction ID : 027807ED-3F01-47EE-9
Dallas	TX 75205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.35	
SUBTOTAL of Receipts This Page (optional)		125.01
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Daniel Lee Date of Receipt Mailing Address 880 Delbon Ave 2015 City Zip Code State Transaction ID: 421FA79B-6079-44CD-A CA Turlock 95382 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mimi Liu Date of Receipt Mailing Address 5 red fox lane 05 12 2015 City State Zip Code Transaction ID: CD199DBA-778B-4CF7-8 CO greenwood village 80111 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ahad Mahootchi Date of Receipt Mailing Address PO Box 1059 14 2015 City Zip Code State Transaction ID: 14F53EF0-EB76-4EC9-8 FL Zephyrhills 33539-1059 Amount of Each Receipt this Period FEC ID number of contributing 41.63 С federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.31 Other (specify) 1041.63 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 13	
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c 12	2
	13 14	15 16	6

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Ophthali	mology Inc Political Committee (O	PHTHPAC)
Full Name (Last, First, Middle Initial) Delia Manjoney Mailing Address 2720 Main St, 3rd floor City Bridgeport FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CT 06606-5308 C Occupation Ophthalmologist Aggregate Year-to-Date ▼	Date of Receipt 05 12 2015 Transaction ID: 076FD642-78DF-42D3-8 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Benjamin Mason Mailing Address 3108 Waterbury Dr City Cedar Falls FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IA 50613-1514 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 208.35	Date of Receipt M
Full Name (Last, First, Middle Initial) Aaron Miller Mailing Address 1699 Research Forest Dr Ste City Shenandoah FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 77380-2792 C Occupation Ophthalmologist Aggregate Year-to-Date 608.34	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	2545.84
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER	R: PAGE 14 O	l
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c 12	
,	13 14	15 16	

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Ophthali	mology Inc Political Committee (O	PHTHPAC)
Full Name (Last, First, Middle Initial) A. Richard Ou Mailing Address 3767 Georgetown St		Date of Receipt
		05 28 2015
City Houston	State Zip Code TX 77005-2821	Transaction ID : D2562186-7C2B-4B7C-9 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Stephen Petty Mailing Address ass 5 th and 1 ass.		Date of Receipt
Mailing Address 850 E Harvard Ave Ste 155		05 29 2015
City Denver	State Zip Code CO 80210-5031	Transaction ID: F6C853FD-148B-46B0-B Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. John Phillips		Date of Receipt
Mailing Address 521 Marshall Rd		05 04 _ 2015 _
City Jacksonville	State Zip Code AR 72076-3749	Transaction ID : 6EF1E4C4-06A6-45D6-B Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	365.00	
SUBTOTAL of Receipts This Page (optional)		1365.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 15 OF 25 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Matthew Reed Date of Receipt Mailing Address 203 Glebe Springs Lane 07 2015 City Zip Code State Transaction ID: 84EE46C9-3D19-4B53-9 VA Yorktown 23693 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Ringel Date of Receipt Mailing Address 101A Kings Way W 05 2015 17 City State Zip Code Transaction ID: 90BB297A-B210-4C22-9 NJ Sewell 08080-2233 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Teresa Rosales Date of Receipt Mailing Address 4100 Long Beach Blvd Ste 108 20 2015 City State Zip Code Transaction ID: EDF823CF-A3ED-492F-B CA Long Beach 90807-2696 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 25 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Jerry Sebag Date of Receipt Mailing Address 7677 Center Ave Ste 400 2015 City Zip Code State Transaction ID: F43705CE-C821-40BE-8 CA **Huntington Beach** 92647-3098 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Debra Shetlar Date of Receipt Mailing Address 2002 Holcombe Blvd Ste 112C 20 05 2015 City State Zip Code Transaction ID: A513C8CE-1CC1-4AEA-9 TX Houston 77030-4211 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Prem Subramanian Date of Receipt Mailing Address 600 N Wolfe St, Woods 457 14 2015 City Zip Code State Transaction ID: 406A199E-730C-4E0B-8 MD **Baltimore** 21287-0005 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.31 Other (specify) 771.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 25 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Rebecca Taylor Date of Receipt Mailing Address 414 Sunnyside Dr 01 2015 City Zip Code State Transaction ID: 1360CCB6-5BF1-4B73-8 TN Nashville 37205 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Miguel Torres Date of Receipt Mailing Address 2225 Ponce By Pass Suite 802 14 05 2015 City State Zip Code Transaction ID: BE3B009D-7060-43C4-B PR Ponce 00717 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Alan Wagner Date of Receipt Mailing Address 5520 Greenwich Rd Ste 204 14 2015 Zip Code State Transaction ID: 9476E088-BEFF-4DDA-A Virginia Beach VA 23462-6541 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1166.66 Other (specify) 1125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c **Detailed Summary Page**

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Aaron Weingeist Date of Receipt Mailing Address 4717 53rd Ave S 2015 City Zip Code State Transaction ID: 0E10A531-1BC7-4235-A WA Seattle 98118-1640 Amount of Each Receipt this Period FEC ID number of contributing C 93.75 federal political committee. Name of Employer Occupation Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 406.25 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 93.75 SUBTOTAL of Receipts This Page (optional)..... 13013.33 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 19 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)				
American Academy of Ophthalmolo	ogy Inc Political Com	mittee (OF	PHTHPAC)	
/	y mo i omioai con			
Full Name (Last, First, Middle Initial)			Data of Dialous	
A. Wells Fargo Bank N.A.			Date of Disbursen	
Mailing Address PO Box 63020			05 31	
City	State Zip Code			
	CA 94163		Transaction ID :	4EAE2FE9D3CACF1D8A1
Purpose of Disbursement				
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Candidate Name		Category/		76.09
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		Type		
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TOTAL This Period (last page this line number only).				76.09

City State Zip Code KY 40588 Purpose of Disbursement 2016 Primary Candidate Name Garland Hale Barr IV Office Sought: Anount of Each Disbursement For: 2016 Full Name (Last, First, Middle Initial) B. Andy Harris for Congress Mailing Address PO Box 426 City Stevensville MD 21666 Purpose of Disbursement For: 2016 State Zip Code Category/ Type Disbursement For: 2016 Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Date of Disbursement Transaction ID: 47336B6394785880F6 Amount of Each Disbursement this Perio Date of Disbursement Date of Disbursement Disbursement For: 2016 Transaction ID: D7B4D1D2C234E56D Transaction ID: D7B4D1D2C234E56D Amount of Each Disbursement this Perio Category/ Type Office Sought: House Senate President Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)		LE B (FEC Form 3X)	Hee concrete cal	andula(a)	FOR LINE I		PAGE 20 OF
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) A. Andy Barr for Congress, Inc. Mailing Address PO Box 2059 City State Zip Code KY 40588 Purpose of Disbursement 2016 Primary Candidate Name Carl Andy Barr IV Office Sought: House Disbursement For: 2016 State: KY District: 06 Full Name (Last, First, Middle Initial) B. Andy Harris for Congress Mailing Address PO Box 426 City State Zip Code MD 21666 Purpose of Disbursement 2010 Primary General Cother (specify) ▼ State: Type of Disbursement Type (Seneral Cother (specify)) ▼ Transaction ID: D784D1D2C234E56D Amount of Each Disbursement this Perio Category' Andrew P. Harris Office Sought: House President State: Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Brady for Congress Mailing Address PO Box 8277 City State: Type Senate President State: Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Brady for Congress Mailing Address PO Box 8277 City State: Type Office Sought: House President Type Other (specify) ▼ State: Type Office Sought: Primary Candidate Name Cardidate Name Cardidate Name Cardidate Name Cardidate Name Cardidate Name Cother (specify) ▼ Transaction ID: TRCE1184B945364B(Amount of Each Disbursement Type Type Type Office Sought: Primary Candidate Name President Type Office Sought: Primary Candidate Name P	ITEMIZEI	D DISBURSEMENTS	for each category	of the	21b	22	
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Full Name (Last, First, Middle Initial) B. Andy Harris for Congress Mailing Address PO Box 426 City State Zip Code Stevensville MD 21666 Purpose of Disbursement 2016 Primary Candidate Name Andrew P. Harris Office Sought: House President State: MD District: 01 City State Zip Code 21666 Purpose of Disbursement For: 2016 Senate President State: MD District: 01 Full Name (Last, First, Middle Initial) C. Brady for Congress Mailing Address PO Box 8277 City State Zip Code TX 77387-8277 Purpose of Disbursement Z016 Primary Candidate Name Kevin Patrick Brady Office Sought: House Senate President State: TX District: 08 Subtrotal of Disbursement For: 2016 Senate President State: TX District: 08 Subtrotal of Disbursement For: 2016 Subtrotal of Disbursements This Page (optional)	Office 300	Senate	Primary G	ieneral			
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City State Zip Code MD 21666	B. Andy I	Harris for Congress					
Stevensville MD 21666 Purpose of Disbursement 2016 Pimary Candidate Name Andrew P. Harris Office Sought: House Senate President State: MD District: 01 Full Name (Last, First, Middle Initial) C. Brady for Congress Mailing Address PO Box 8277 City State Zip Code TX 77387-8277 City Category/ Type Transaction ID: Drad Disbursement this Perion Amount of Each Disbursement this Perion Date of Disbursement TX 77387-8277 Transaction ID: 784D1D2C:234E56D Amount of Each Disbursement this Perion Type Transaction ID: Drad Disbursement this Perion Transaction ID: Drad Disbursement TX 77387-8277 Transaction ID: 78CE11B4B945364B0 Amount of Each Disbursement this Perion Amount of Each Disbursement this Perion Category/ Type Transaction ID: 78CE11B4B945364B0 Transaction ID:	Mailing Ad	ddress PO Box 426					
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2016 Primary Candidate Name Andrew P. Harris Office Sought:			MD 21666	<u> </u>			
Andrew P. Harris Office Sought:					011	Amount o	of Each Disbursement this Period
Andrew P. Harris Office Sought: State: MD District: 01 Full Name (Last, First, Middle Initial) C. Brady for Congress Mailing Address PO Box 8277 City the Woodlands Purpose of Disbursement 2016 Frimary Candidate Name Kevin Patrick Brady Office Sought: House Senate Primary Category/ Type Date of Disbursement Office Sought: Amount of Each Disbursement this Perio Category/ Type Transaction ID: 7BCE11B4B945364B0 Amount of Each Disbursement this Perio Category/ Type State: TX District: 08 Substortant of Disbursements This Page (optional)					Category/		4000.00
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the Woodlands Purpose of Disbursement 2016 Primary Candidate Name Kevin Patrick Brady Office Sought: House Senate President State: TX District: 08 TX 77387-8277 O11 Category/ Type Category/ Type Category/ Type Other (specify) Seneral Other (specify) Subtrotal of Disbursements This Page (optional)	Mailing Ad	ddress PO Box 8277					
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Candidate Name Kevin Patrick Brady Office Sought: House Senate President State: TX District: 08 Substitute: TX District: 08 Amount of Each Disbursement this Perio Category/ Type 1000.00 Amount of Each Disbursement this Perio Category/ Type 1000.00 3000.00							
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TOTAL This Pariod (last page this line number only)	SUBTOTAL	of Disbursements This Page (optional)			······· >		3000.00
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SCHEDULE B (FEC Form 3X)	Han against a C. 1.1.4.3	FOR LINE	NUMBER: PAGE 21 OF	25
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		7 26
	Detailed Summary Page	27	22 X 23 24 25 28a 28b 28c 29	30b
Any information copied from such Reports and State	ements may not be sold or us	ed by any perso	on for the purpose of soliciting contributions	s
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	L. L. B. Pr. 10			
American Academy of Ophthalmo	logy inc Political Cor	nmittee (Of	PHTHPAC)	
Full Name (Last, First, Middle Initial)			5. (5.)	
A. Charles Boustany Jr. MD for Cong	gress, Inc.		Date of Disbursement	
Mailing Address PO Box 80126			05 20 2015	
City	State Zip Code		Transaction ID : 1D9734330E5E1A200	122
Lafayette	LA 70598-0126		Transaction ID . ID9734330E3E1A200	123
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period	od
Candidate Name		Category/	2500.00	П
Charles William Boustany Jr.		Туре	2300.00	_
Office Sought: House Disburse Senate	ement For: 2016 Primary General			
President	Other (specify)			
State: LA District: 03				
Full Name (Last, First, Middle Initial)				
B. Charlie Dent for Congress			Date of Disbursement	
Mailing Address PO Box 442			05 20 2015	
Mailing Address PO Box 442			05 20 2015	
City Allentown	State Zip Code PA 18105		Transaction ID : EB1664F01AB99A84	EE1
Purpose of Disbursement	10100			
2016 Primary		011	Amount of Each Disbursement this Period	od
Candidate Name		Category/	1000.00	
Charles W. Dent Office Sought: Y House Disburse	ement For: 2016	Туре	7	
	Primary General			
President	Other (specify) ▼			
State: PA District: 15	1			
Full Name (Last, First, Middle Initial)			Data of District	
C. Friends of Susan Brooks			Date of Disbursement	
Mailing Address 9425 N Meridian Street			05 20 2015	
# 237				1
City	State Zip Code IN 46260-1308		Transaction ID : F0E487B3D5F6C65F6	C8F
Indianapolis Purpose of Disbursement	IN 46260-1308			
2016 Primary		011	Amount of Each Disbursement this Perio	od
Candidate Name		Category/	1000.00	\neg
Susan W. Brooks		Туре	1000.00	
Office Sought: House Disburse Senate	ement For: 2016 Primary General			
President	Primary General Other (specify)			
State: IN District: 05	(-p-3)/ \			
				$\overline{}$
SUBTOTAL of Disbursements This Page (optional)			4500.00	
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TOTAL This Period (last page this line number onl	y)			

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SCHEDULE B (FEC Fo			FOR LINE I	NUMBER:	PAGE 22 OF 25
ITEMIZED DISBURSEME		eparate schedule(s) ch category of the	(check only	one)	
		ed Summary Page	21b	22 🗙 23	24 25 26
[27	28a 28b	28c 29 30b
Any information copied from such Re or for commercial purposes, other th					
NAME OF COMMITTEE (In Full)					
American Academy of		c Political Con	nmittee (OF	PHTHPAC)	
Full Name (Last, First, Middle Init	ial)			Data of Diahuwaan	
A. Gene PAC				Date of Disbursen	
Mailing Address 256 N Sam Hous	ton Pkwy E			05 20	
Suite 278 City	State	Zip Code			
Houston	TX	77060		Transaction ID :	A0AA68247D7FB308D00
Purpose of Disbursement 2015 Contribution			011	Amount of Each D	Disbursement this Period
Candidate Name			Category/		
Gene PAC			Type		2500.00
Office Sought: House	Disbursement For:				
Senate President	Primary Other (a	General			
State: District:	Other (s	Contribution			
Full Name (Last, First, Middle Init	ial)	Contribution			
B. Guthrie for Congress				Date of Disbursen	
Mailing Address PO Box 9639				05 20	
City Bowling Green	State KY	Zip Code 42102-9639		Transaction ID :	8587B7E7FFA3CE3C2A9
Purpose of Disbursement 2016 Primary			011	Amount of Each D	Disbursement this Period
Candidate Name S. Brett Guthrie			Category/ Type		1000.00
Office Sought: X House	Disbursement For:	2016	.,,,,,	,	,
Senate	Y Primary	General			
State: KY District: 02	Other (s	pecify) ▼			
Full Name (Last, First, Middle Init				Data of Diahuraan	nont
C. Hatch Election Commit	tee inc			Date of Disbursen	
Mailing Address PO Box 3986				05 20	
City Washington	State DC	Zip Code 20027		Transaction ID :	1F2D4C7415E77467FC0
Purpose of Disbursement		20021			
2018 Primary			011	Amount of Each D	Disbursement this Period
Candidate Name Orrin Grant Hatch			Category/		1000.00
Office Sought: House	Disbursement For:	2010	Туре		
Senate President	Primary	General pecify)			
State: UT District:					
SUBTOTAL of Disbursements This	Page (optional)				4500.00
TOTAL This Period (last page this	line number only)		·····•	4	

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 23 OF 25
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	pents may not be sold or used		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmolo	gy Inc Political Com	mittee (OP	PHTHPAC)
/ Full Name (Last, First, Middle Initial)			
A. Heidi for Senate			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 1577			05 20 2015
City	state Zip Code		
Bismarck	ND 58502-1577		Transaction ID: 8F75EDC0A46D8877831
Purpose of Disbursement 2018 Primary			
Candidate Name		011	Amount of Each Disbursement this Period
Heidi Heitkamp		Category/ Type	2500.00
• • • • • • • • • • • • • • • • • • •	nent For: 2018	Турс	
∑ Senate ∑	Primary General		
President	Other (specify) ▼		
State: ND District: Full Name (Last, First, Middle Initial)			
B. Kevin McCarthy for Congress			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO Box 12667			05 20 2015
City	State Zip Code		
Bakersfield	CA 93389-2667		Transaction ID : 84466FB9E500709B71E
Purpose of Disbursement 2016 Primary		244	
Candidate Name		011	Amount of Each Disbursement this Period
Kevin Owen McCarthy		Category/ Type	1000.00
	nent For: 2016	.,,,,,	,
	Primary General		
	Other (specify) ▼		
State: CA District: 23 Full Name (Last, First, Middle Initial)			
C. Kevin McCarthy for Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 12667			05 20 2015
City	state Zip Code		
Bakersfield	CA 93389-2667		Transaction ID: 4516F75923DA0DBB7F8
Purpose of Disbursement 2016 Primary		011	
Candidate Name			Amount of Each Disbursement this Period
Kevin Owen McCarthy		Category/ Type	1000.00
	nent For: 2016		,
	Primary General		
State: CA District: 23	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			4500.00
TOTAL This Desired (feet seems that the			
TOTAL This Period (last page this line number only).			

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SCHEDULE B (FEC Form 3X)	Harris A. A. C. C.	FOR LINE I	NUMBER: PAGE 24 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 💢 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)	addition of any points	00	22 3228.0.0 34 35
American Academy of Ophthalmol	ogy Inc Political Cor	nmittee (OF	PHTHPAC)
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Stivers for Congress			M M / D D / Y Y Y Y
Mailing Address 4679 Winterset Drive			05 20 2015
•	State Zip Code		Transaction ID : E362A09B9F8B1B2DE2C
Columbus Purpose of Disbursement	OH 43220-8113		
2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Steve Stivers	nent Few 2242	Type	2500.00
	nent For: 2016 Primary General Other (specify)		
State: OH District: 15	· 		
Full Name (Last, First, Middle Initial)			Data of Bishamani
B. The Eye of the Tiger Political Actio	n Committee		Date of Disbursement
Mailing Address PO Box 2485			05 20 2015
City Springfield Purpose of Disbursement	State Zip Code VA 22152-0485		Transaction ID : 555A7C9BA7188448A12
2015 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
The Eye of the Tiger Political Actio		Туре	2500.00
Senate	nent For: 2015 Primary General Other (specify) ▼ Contribution		
Full Name (Last, First, Middle Initial)			
C. Volunteers for Shimkus			Date of Disbursement
Mailing Address PO Box 661			05 20 2015
Collinsville	State Zip Code IL 62234-0661		Transaction ID: 3418213A2F3FDBDBEE9
Purpose of Disbursement 2016 Primary		011	
Candidate Name			Amount of Each Disbursement this Period
John M. Shimkus		Category/ Type	1000.00
Office Sought: House Disburser	nent For: 2016 Primary General Other (specify)		
15 500000 15			
SUBTOTAL of Disbursements This Page (optional)		·····•	6000.00
TOTAL This Period (last page this line number only)			22500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 25 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c 29 30
Annaly Comparison and Advantage Comparison C		27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,		
American Academy of Ophthalmolo	ogy Inc Political Cor	nmittee (Ol	PHTHPAC)
/	ogy mo i omiodi coi		
Full Name (Last, First, Middle Initial)			Data of Bishows and
A. Aaron Weingeist			Date of Disbursement
Mailing Address 4717 53rd Ave S			05 01 2015
City	State Zip Code		
	WA 98118-1640		Transaction ID : BD91C702746D3D71642
Purpose of Disbursement			
Refund of 4/15/15 contribution received		010	Amount of Each Disbursement this Period
Candidate Name		Category/	62.50
	. =	Туре	02.00
Office Sought: House Disbursem			
	Primary General Other (specify)		
State: District:	Caron (opcomy)		
Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address			
00	7: 0 1		
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
Office Sought: House Disbursem			
	Primary General Other (specify)		
State: District:	Officer (specify)		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Туре	
Office Sought: House Disbursem			
	Primary General		
State: District:	Other (specify) ▼		
Side. Siderot.			
SUBTOTAL of Disbursements This Page (optional)			62.50
COSTOTAL OF BIODATOCHICATION 1 age (optional)			7
TOTAL This Period (last page this line number only).			62.50